Community Integrated Service System (CISS) Program

HEALTHY CHILD CARE AMERICA 2000

Health Systems Development In Child Care (HSDCC) Program

(CFDA# 93.110 AQ)

Grant Application Guidance
January, 2000

NOTE: This document is not a complete kit. The necessary forms are enclosed with this document. Read this entire document carefully before starting to prepare an application.

Application Due Date: March 08, 2000

Anticipated Date of Award: June 1, 2000

Table of Contents

CHAPTER 1 INTRODUCTION

1.1 Overview of the Maternal and Child Health Bureau's Mission

The Maternal and Child Health Bureau (MCHB) responds to matters affecting the health and well-being of infants, children, adolescents, mothers and families. It provides national leadership by working with States, communities, public-private partners and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of medical homes, and build knowledge and human resources required to strengthen and maintain the health, safety and well-being of the Nation's MCH population. The MCH population consists of all pregnant women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN).

MCH issues of concern include, but are not limited to: Services for low-income and minority women and children; immunizations; health and safety in child care and foster care; emergency medical services for children; violence and injury prevention; school health; environmental health including lead poisoning prevention; adolescent health, including mental health and suicide prevention; traumatic brain injury; family health; and a variety of regional and/or national projects

All MCHB-supported services or projects have as their goals the development of:
1) more effective ways to coordinate and deliver new and existing systems of care;
2) leadership for maternal and child health programs throughout the United States;
3) innovative outreach techniques to identify and deliver appropriate care and preventive education to at-risk populations; 4) a body of knowledge that can be tapped by any part of the MCH community; and 5) significant, fundamental improvement in the lives and health of our Nation's mothers and their children.

The MCHB relies heavily on effective communication and interactive relationships with key organizations to support health and health-related programs and services; to encourage efficient use of resources; to strengthen and enhance research to broaden the knowledge base for MCH programs; to train individuals within the various health professions to provide leadership in the provision of comprehensive health care to mothers and children; and to enhance the skills of State and local MCH personnel.

1.2 Program Background

MCHB has provided support for 51 State Health Systems Development in Child Care (HSDCC)-Healthy Child Care America (HCCA) Grants, first awarded in FY 1996. Each are serving as State focal points for health and safety in child care, and are developing integrated

health, child care and social service systems in their respective States. They are instituting measures to both improve the quality of child care and assure that children in child care settings receive the health services which they need. Building upon MCHB's investment, and based upon State Title V and Child Care program suggestions, a Phase II will be implemented, that is, a Healthy Child Care America-the Year 2000 Quality Initiative, that will focus on the development and implementation of State programs which address quality assurance (improved State health and safety in child care standards); infrastructure building (Statewide networks of child care health consultants); and outreach (related to Medicaid and CHIP).

1.3 Program Purpose and Goals

The *Healthy Child Care America Campaign,* is a nationally focused initiative, jointly sponsored by the Child Care Bureau and the Maternal and Child Health Bureau. It is based on the principle that families, child care providers in partnership can promote the healthy development of young children in child care and increase access to preventive health services and safe physical environments for children. The *Campaign* has heightened the country's awareness of the vulnerability of children and the need for immediate action to secure their health and well being. It affords public health and child care a unique and valuable opportunity to broaden and define the scope and quality of services provided to children and families, and in that process, to ensure equity and consistency in health and social support services for all children at the community and state levels.

The ***Blueprint for Action***, a product of the *Healthy Child Care America Campaign* and enclosed with this application kit, provides communities with steps they can take to expand or create private/public services and resources that link families, health care and child care. Communities using the ***Blueprint for Action*** are encouraged to identify their own needs and to adapt the ten steps within the document as needed.

The Healthy Child Care America (HCCA) 2000 grant program continues the work of the Health Systems Development in Child Care program by providing a vehicle for state and community investments in child care health systems development. This program is funded under the Maternal and Child Health Bureau's Community Integrated Service System (CISS) set-aside program a cornerstone of the effort to overcome fragmentation and inaccessibility of child health services through State and community-based systems development.

The Healthy Child Care America 2000 grant program will use the statewide systems development approach to enhance quality, accessibility and equity in distribution of healthy and safe child care. All HCCA 2000 programs will consist of the following three component areas: quality assurance, infra structure building and access to health care for children in child care. Each project must stimulate and support collaborative, coordinated State-wide/community-based efforts in these component areas to ensure safe, healthy and developmentally appropriate child care environments for all children, including children with special health care needs (CSHCN),

and their families.

1.4 Project Period and Availability of Funds

The MCH Bureau has made approximately $3,842,500 available during FY 2000 to support up to 53 new HCCA projects at an average of $72,500 per award for this initial project period of approximately eight (8) months. Subject to satisfactory progress and the availability of funds, level funding for years two and three is anticipated to be provided at $100,000 per project period, with potential for increased levels of funding. The anticipated date of award, or starting date, for the HCCA projects is June 1, 2000.

1.5 Program Requirements

Healthy Child Care America 2000 grants must support systems development activities in the three component areas of quality assurance, infrastructure building and access to health services.

The quality assurance component must support the dissemination, adoption and use of Caring For Our Children, Guidelines for Out-of-Home Child Care Programs and Stepping-Stones to Using Caring For Our Children. Using a variety of approaches including technical assistance and regulatory reform, applicants must develop a statewide systems approach to improving the quality of health and safety for children in child care settings.

The infrastructure building component must support the identification, training and deployment of health and child care professionals as health consultants to child care programs. Each applicant must establish a link with the HRSA's National Training Institute for Child Care Health Consultants, currently located at the North Carolina (UNC) School of Public Health, for the purpose of developing and implementing the State based child care health consultant system.

The access to health services component must plan, develop, implement and monitor progress in using the child care environment as an appropriate access point for health insurance for enrolled children. This program component must work in partnership with other state entities working to assure that child health insurance programs such as Medicaid and CHIP provide access to a medical home for children in child care programs.

All applications must incorporate: a statewide systems approach; a broad definition of health including public health, medical, dental, nutritional, mental health, substance abuse prevention, injury prevention, psychosocial and fiscal services; community-level family and provider (including health and child care) involvement; inclusion of relevant disciplines; explicit

plans for enhancing cultural competence among child care providers and planners; effective use of public and private, local, state and national resources; and plans to sustain the proposed project after termination of the grant.

Well-defined roles for State MCH, Child Care, Child Welfare and Head Start Collaboration Projects, as well as Medicaid/CHIP, other State regulators and community agencies such as Head Start Associations and Child Care Resource and Referral agencies are strongly recommended.

CHAPTER II REVIEW CRITERIA AND PROCESS

2.1 General Criteria

The general criteria that follow are used, as pertinent, to review and evaluate applications for awards under all Health Resources and Services Administration programs as published in the HRSA 1999 Preview for Grant Funding Opportunities. Further guidance in this regard is supplied in Section 2.3, Specific Review Criteria for the HCCA proram, which elaborates upon or specifies the variations in these criteria.

- That the estimated costs to the Government of the project are reasonable considering the level and complexity of activity and the anticipated results.

- That project personnel or prospective fellows are well qualified by training and/or experience for the support sought, and the applicant organization or the organization to provide training to a fellow has adequate facilities and manpower.

- That, insofar as practical, the proposed activities (scientific or other), if well executed, are capable of attaining project objectives.

- That the project objectives are capable of achieving the specific program objectives defined in the program announcement and the proposed results are measurable.

- That the method for evaluating proposed results includes criteria for determining the extent to which the program has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the program.

- That, in so far as practical, the proposed activities, when accomplished, are replicable, national in scope and include plans for broad dissemination.

The specific review criteria used to review and rank applications are outlined below in Section 2.3. Applicants should pay strict attention to addressing these criteria as they are the basis upon which

their applications will be judged.

2.2 Instructions for Preparing the Project Narrative

The program narrative is restricted to **15 double-spaced pages.** Applications exceeding the 15 page limitation will be returned to the applicant **without review**. Appendices are not included in the page limit, but should be used only to provide supporting documentation, i.e., position descriptions, curriculum vitae or letters of commitment from participating agencies.

Reviewers are not required to review or evaluate appendices, therefore, all substantive information responding to criteria must be contained within the program narrative. Applicants are required to provide the following information in the project narrative statement:

2.2.1 Overview: Describe the environment for implementation of the proposed project. Clarify the status of health systems development in child care at community and state levels, addressing the distribution, availability, accessibility and quality of child care services and facilities, and mechanisms in place to license and monitor providers and facilities.

a. Current status of State-wide efforts to promote community-based child care systems: Describe state and community activities in child care, including activities and accomplishments to date in service integration and development of community-based child care health service delivery systems. Describe relevant State-level collaborative structures or processes, public private partnerships, mechanisms for consumer and provider participation, procedures for pooling information resources, coordination of funding streams and institutionalized interagency or inter-organizational relationships.

b. Collaboration between child care, child welfare and public health programs, specifically Maternal and Child Health and Children with Special Health Needs. Describe collaborative activities currently conducted in conjunction with any MCH systems initiative including the MCH Block Grant, MCH State Systems Development Initiative (SSDI), Community Integrated Service Systems (CISS) or related Special Projects of Regional and National Significance (SPRANS).

c. Relationship to other systems building initiatives in the State: Cite collaborative initiatives with other agencies, e.g., health, education, Child Care Resource and Referral Agencies, Head Start Collaborative Projects, Medicaid/CHIP programs, Early Intervention (Part H), nutrition, key social services, nursing and other health organizations to link and coordinate health and social support services for children and families. Include a description of any community-based planning initiatives that may provide resources for coordinated child care planning.

2.2.2 Approaches and Methods: Describe approaches and methods, specifying objectives and activities to be used in state-wide and/or community-level child care planning.

a. Objective statements should be specific, measurable and time-framed. Activities to be utilized in achieving each objective should be specified. Objective statements and activities should broadly reflect The National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs developed by the American Public Health Association and the American Academy of Pediatrics under an MCH Bureau Grant (1992). Single copies of this document may be requested at no cost from the National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, Virginia. Telephone Number: 703/821-8955, FAX: 703/821-2098

b. Provide a task-specific time line with staffing patterns and assignments (by position title) to be utilized in achieving the objectives and activities identified in a. above.

2.2.3 Inter-organizational Collaboration

a. Describe the nature of collaborative activity, the role of participating entities and resources committed by each to the project.

b. Provide a plan for collaboration between MCH/CSHCN, Child Care and related organizations in the development of a comprehensive child care system with identifiable health care and social support components.

2.3 Specific Review Criteria for the HCCA Program

The following review criteria will be considered in evaluating HCCA 2000 applications:

€ Endorsements/collaboration/support: For non-State applicants, inclusion of letters of endorsement by the State Title V and Child Care Directors. Letters of collaboration and support, signed or co-signed by the Directors of other agencies or organizations identified in the application for participation in the proposed project.

€ The nature and feasibility of proposed State and community level coordination and service integration activities. Proposed activities must be collaborative, multi-discipline, culturally competent and consistent with State efforts to develop comprehensive, community based systems of child care.

- € Documentation of: a) participation of State MCH/CSHCN, Child Care and other agencies in developing the application; b) nature and level of involvement of identified entities in proposed state-wide child care planning and implementation. Required and recommended participants include, but are not limited to Head Start Collaborative Projects, State Child Care Licensing /Regulatory Agencies, education, nutrition, social services, financial including Medicaid, mental health/substance abuse prevention, and resource and referral agencies in proposed state-wide child care planning and implementation; c) the commitment of all agencies identified above in proposed child care planning and development activities; d) participation of affected communities and providers in developing, implementing and maintaining the project; and e) parent/care giver involvement in developing the proposed project.

- € The quality, feasibility and soundness of the methodology and project plan including time lines, staffing, task allocation, and mechanisms to ensure accountability. A position description must be included for the Project Director.

- € The extent to which the proposed project will support the dissemination and adoption of Caring for our Children and Stepping Stones to Caring for our Children.

- € The extent to which the proposed project will collaborate with the University of North Carolina National Training Institute for Child Care Health Consultants.

- € The extent to which the proposed project supports access to health insurance and medical homes for enrolled children.

- € The extent to which the proposed project will coordinate with and build upon initiatives with other agencies (health, mental health/substance abuse prevention, nutrition, social services, justice) to link and coordinate child care services for children at the community level.

- € The consistency of proposed activities and systems with the 10 action steps of the Healthy Child Care America Campaign and Blueprint for Action.

- € Identification and application of Healthy People 2000 health indicators to proposed service integration and systems development.

2.4 Review Process

A multidisciplinary panel of outside experts will review and evaluate all complete applications. The evaluation of each individual application will be based on two sets of criteria: (1) the quality of each required section of the project narrative; and (2) the program specific requirements. At least two

members of the objective review panel will evaluate each application in its entirety. All other panel members will read the application abstract and have the opportunity to review the entire application. After the two reviewers present their analyses and the panel discusses the application, all panel members will vote for a recommendation of approval or disapproval. Applications recommended for approval are rated by each panel member against a hypothetically ideal project. Any panelist who has a conflict of interest regarding a given application is excused from the panel during the presentation, discussions, and voting of that particular application.

2.5 Funding of Approved Applications

Final funding decisions for CISS grants and cooperative agreements are the responsibility of the Associate Administrator for Maternal and Child Health. In considering scores for the ranking of approved applications for funding, preferences may be exercised for groups of applications, e.g., competing continuations may be funded ahead of new projects. Within any category of approved projects, the score of an individual project may be favorably adjusted if the project addresses specific priorities identified in Section 1.1 of this Guidance under the Maternal and Child Health Bureau Mission Statement. In addition, special consideration in assigning scores may be given by reviewers to individual applications that address areas identified in this notice as special concerns.

CHAPTER III ELIGIBILITY, PROCEDURE AND REQUIREMENTS

3.1 Who Can Apply for Funds

CISS Grants: Generally, any public or private entity, including Indian tribes or tribal organizations (as those terms are defined at 25 U.S.C. 450b) is eligible to apply for Federal funding under CISS initiatives.

For this competition, eligibility for funding is limited to the current Health Systems Development in Child Care grantees. However, if the applicant is an entity other than the State Title V or Child Care agency, the application **must** include written endorsement by the State MCH/CSHCN **and** Child Care Directors. The State's endorsement must acknowledge that the applicant has consulted with State and that the State has been assured that the applicant will work with the State on the proposed project. This endorsement must accompany the application. Without the endorsement, the application will not be considered for funding.

In addition, the States of New Jersey and Mississippi are eligible for funding and, like above, are limited to submitting a single application representing their state. State Maternal and Child Health (MCH) and Child Care agencies may act (individually or together) as the applicant/grantee or, at their discretion, designate another public/private entity to act in that capacity. If another entity is designated as the applicant/grantee the Director(s) of the State MCH and Child Care agencies must document their collaboration in identifying the designated applicant.

3.2 Application Procedures

The MCH Bureau has made approximately $3,842,500 available during fiscal year 2000 for up to 53 awards for the *Healthy Child Care America Program*. Awards are subject to adjustment after program and peer review.

3.2.1 Due Date

The application deadline date for the *Healthy Child Care America Program* is March 8, 2000. Applications will be considered as meeting the deadline if they are: (1) received on or before the deadline date; or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks will not be acceptable as proof of timely mailing.) Late applications will be returned to the applicant.

3.2.2 Letter of Intent

If you intend to submit an application for this grant program, please notify the MCH Bureau (MCHB) by January 31, 2000. The purpose of this notification is to help the MCH Bureau plan for the objective review process. It is not legally necessary to notify the MCHB of your organization's intent to submit an application but it would greatly assist the Bureau's planning efforts. You may notify your intent to apply in one of three ways:

Telephone:	Phyllis Stubbs-Wynn, M.D., M.P.H. (301) 443-6600
Electronic Mail:	Phyllis Stubbs-Wynn, M.D., M.P.H. pstubbs@hrsa.gov
Mail:	Phyllis Stubbs-Wynn, M.D., M.P.H. Division of Child, Adolescent and Family Health Parklawn Building, Room 18A-38 5600 Fishers Lane Rockville, Maryland 20857

3.2.3 Electronic Access

Federal Register notices and application guidance for MCHB programs are available on the MCHB Homepage via the World Wide Web at: http://www.mchb.hrsa.gov. Click on the file format you desire, either WordPerfect 6.1 or Adobe Acrobat (The Adobe Acrobat Reader is also available for downloading from the MCHB Homepage).

If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical assistance, please contact ***Alisa Azarsa at (301) 443-8989 or aazarsa@psc.gov.***

3.2.4 Official Application Kit

If applicants are unable to access application materials electronically, as explained in Section 2.2.3, a hard copy of the official grant application kit must be obtained from the **HRSA Grants Application Center at the address listed in Section 3.2.6.** The HRSA Grants Application Center staff will acknowledge and confirm, in writing, receipt of the application.

3.2.5 Copies Required

Applicants are required to submit one ink-signed original and two copies of the completed application. Although not required, an additional four copies (which totals one original plus 6 copies) will facilitate the review process.

3.2.6 Mailing Address

All applications should be mailed or delivered to:

HRSA Grants Application Center
CFDA# 93.110 AQ
1815 N. Fort Myer Drive, Suite 300
Arlington, Virginia 22209

Telephone:	1- (877) HRSA-123
Fax:	1- (877) HRSA-345
E-mail address:	hrsagac@hrsa.gov

3.3 MCHB Requirements

EXCEPT WHERE NOTED, APPLICANTS MUST MEET THE REQUIREMENTS LISTED BELOW. IF AN APPLICANT FAILS TO MEET THESE REQUIREMENTS, THE APPLICATION MAY NOT BE ACCEPTED FOR REVIEW AND MAY BE RETURNED TO THE APPLICANT.

3.3.1 Complete Required Application Standard Forms and Provide Budget Justification

It is required that applicants submit on supplemental sheet(s) a justification for each individual budget category itemized. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justifications of contracts are required for grants management review.

Each applicant should include funds in the proposed budget for one trip annually for one to two people to the Washington, D.C. area to confer with MCHB program staff.

As part of our efforts to streamline the overall granting process, a separate budget is required for each budget year requested. For example, if the applicant organization requests three years of grant support, three budget pages (the two pages of Form 424A, Budget Information - Non-Construction Programs and justification) are required for each year. The annual budget request and justification provides the budget information needed for the following year's Summary Progress Report (see Section 3.3.4). **Proposals submitted without a budget and justification for each budget year requested may not be favorably considered for funding**. (This information is also provided in Section 4.3.2)

3.3.2 Public Health System Reporting Requirements

With exception for MCH Research and Training, all programs are subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

(a) A copy of the face page of the application (SF 424);
(b) A summary of the project (PHSIS), not to exceed one page, which provides:

(1) A description of the population to be served.
(2) A summary of the services to be provided.
(3) A description of the coordination planned with the appropriate State and local health agencies.

It is also permissible to substitute the Project Abstract in place of the PHSIS. If the applicant chooses this option, the procedure to follow can be found in Chapter 4, Section 4.5.

3.3.3 Future Reporting Requirements

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations that apply ("Monitoring and Reporting Program Performance" 45 CFR Part 74.51 and Part 92.40). Successful applicants will be required to provide an annual progress report. The progress report will be included in the continuation application each year. The progress report should include: (1) a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them; (2) progress on specific goals and objectives as outlined in this application and revised in consultation with the Federal project officer; (3) current staffing, including the roles and responsibilities of each staff and a discussion of any difficulties in hiring or retaining staff ; (4) technical assistance needs; and, (5) a description of linkages that have been established with other programs.

In addition, grantees must keep the Federal Project Officer fully informed regarding project activity through: 1) verbal and written communication at agreed upon intervals; and 2) submission of mid-year and annual progress reports. All communication and reports will follow an agreed upon format and will incorporate minimal statistical information and data requested by the Federal Project Officer.

3.4 Policy Issuances

3.4.1 Healthy People 2000 Language

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a HRSA-led national activity for setting priority areas. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report: Stock No. 017-001-00474-0) or *Healthy People 2000* (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office Washington, DC 20402-9325 (telephone: (202) 512-1800).

Within ***Healthy People 2000***, key service and protection objectives have been established for children, including:

- € Increase to at least 75% the proportion of providers of primary care for children who include assessment of cognitive, emotional and parent-child functioning, with appropriate counseling, referral and follow-up in their clinical practices.

- € Increase to at least 90% the proportion of all children entering school programs for the first time who have received an oral health screening, referral and follow-up for necessary diagnostic, preventive and treatment services.

- € Increase to 50 the number of States that have service systems for children with or at

risk of chronic and disabling conditions.

- € Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.

- € Reduce deaths cause by unintentional injuries to no more than 29.3 per 100,000 people. (Age-adjusted baseline: 34.5 per 100,000 in 1987)

In addition, the Title V MCH Services Block Grant legislation charges State MCH programs "To improve the health of all mothers and children consistent with applicable health status goals and national health objectives established by the Secretary under the "Public Health Service Act for the Year 2000" and encourages applicants to incorporate health status objectives in child care service integration and systems development activities. The charge presents State MCH programs with a major challenge to assure the coordination of health care services, especially for low income and at risk children by achieving coordination of all public and private sector resources into comprehensive systems of care. Consistent with that charge, the HSDCC Grant Program supports the establishment of safe and healthy child care environments as a focus for health promotion and disease prevention objectives of ***Healthy People 2000***.

Complete and final information on Healthy People 2010 will not be available until January 2000. At that time, information will be provided as to where electronic and paper versions of Healthy People 2010 documents may be obtained.

3.4.2 Smoke-Free Environment

The MCH Bureau strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3.4.3 Special Concerns

HRSA's MCH Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsible to the cultural and linguistic needs of

special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB.

3.4.4 Evaluation Protocol

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, all MCHB discretionary grant projects are expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than on intermediate process measures.

The protocol should be based on a clear rationale relating to the identified needs of the target population with grant activities, project goals, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. Projects incorporating the expertise of a professional evaluation specialist (either on-staff or as a consultant) at the design stage of the project methodology, in addition to the evaluation stage, will be given priority consideration.

3.4.5 Cultural Competence Language

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time. For a more detailed, descriptive definition, refer to the Glossary, Enclosure D.

3.4.6 Year 2000 Compliance

The Year 2000 computer problem is an important concern for all health care providers. As a Health Resources and Services Administration grantee, you are not only responsible for the services you provide, but also for the programmatic, administrative and financial functions that support these services. As a result, you must take all steps necessary to ensure your computer systems function properly into the year 2000.

3.5 Checklist - Refer to the "Checklist" on the next page for a complete listing of all components to be included in the application.

CHECKLIST FOR COMPETITIVE APPLICATION

FY 2000

SUBMIT 1 ORIGINAL, INK-SIGNED APPLICATION AND 2 SIGNED COPIES, ALL NUMBERED AND UNBOUND (FOR EASE OF COPYING). INCLUDE THE FOLLOWING:

1. ____ Letter of Transmittal
2. ____ Table of Contents for Entire Application with Page Numbers

Budget Information

3. ____ SF 424 Application for Federal Assistance
4. ____ ***Checklist Included with PHS 5161-1.*** Provide the Names, Addresses, and Telephone Numbers for Both the Individual Responsible for Day-to-Day Program Administration and the Finance Officer
5. ____ SF 424A Budget Information -- Non-Construction Programs
6. ____ Budget Justification
   (Includes the Budget Narrative, Supplemental Sheets and Key Personnel Form and Appropriate Attachments)

Federal Assurances

7. ____ Intergovernmental Review under E.O. 12372, if Required by State
8. ____ SF 424B Assurances -- Non-Construction Programs
9. ____ Department Certification (45 CFR Part 76)
10. ____ Certification Regarding Drug-Free Workplace Requirements
11. ____ Certification Regarding Debarment and Suspension
12. ____ Lobbying Certification
13. ____ Public Health System Impact Statement

Description of Program

14. ____ Project Abstract, Maximum of Two Pages ***(Label as ATTACHMENT A)***
15. ____ Project Narrative, Maximum of 15 Pages
16. ____ Appendices, Maximum of 50 Pages

CHAPTER IV INSTRUCTIONS FOR COMPLETING THE APPLICATION

4.1 How to Organize the Application

You should assemble the application in the order shown below:

- € Table of contents for entire application with page numbers
- € SF-424 Application for Federal Assistance
- € Checklist included with the PHS 5161-1
- € SF 424A Budget Information--Non-Construction Programs
- € Budget Justification
- € Key Personnel form (Attachment C)
- € Federal Assurances (SF 424B)
- € Project Abstract (Attachment A)
- € Project Narrative
- € Appendices
- € Project Personnel Allocation Chart (Attachment D)

4.2 Application Assistance

Applicants are encouraged to request assistance in the development of the application. For information regarding business, administrative, or fiscal issues related to the awarding of a grants under the *Healthy Child Care America Program*, applicants may contact:

Ms. Linda Steinberg
Grants Management Specialist
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301 443-3243
Fax: 301 443-6686
E-mail: lsteinberg@hrsa.gov

To obtain additional information relating to technical and program issues under the *Healthy Child Care America Program* , applicants may contact:

Phyllis Stubbs-Wynn, M.D., M.P.H.
Division of Child, Adolescent and Family Health
Parklawn Building, Room 18A-38
5600 Fishers Lane
Rockville, Maryland 20857

pstubbs@hrsa.gov
301 443-6600

4.3 Overview of Required Application Forms and Related Program Concerns

The application Form PHS-5161-1 is the official document to use when applying for an grant under the *Healthy Child Care America Program*. The Form PHS 5161-1 is composed of seven sections, which are described more fully on page 1 of the "Public Health Service Grant Application Form PHS-5161-1," in section one, which is entitled "General Information and Instructions."

Please submit an original ink-signed and two copies of each of the following:

Grant Application Form PHS-5161-1: a) Application for Federal Assistance-Standard Form (SF) 424; b) Budget Information - Non-Construction Programs, SF-424A; c) Assurances - Non-Construction Programs, SF-424B; d) Certifications; e) Checklist including administrative official and individual responsible for directing the program/project; and f) Public Health System Impact Statement.

4.3.1 Budget

For each part of Form PHS 5161-1, 6025-1, or 398, it is required that applicants submit on supplemental sheet(s) a justification for each individual budget category itemized. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justifications of contracts are required for grants management review.

Each applicant should include funds in the proposed budget for the project director and other key project staff to make two trips annually to the Washington, D.C. area to confer with MCHB program staff and participate in meetings of the State Adolescent Health Coordinator Network. Each meeting is estimated to last two days.

4.3.2 Consolidated Budget

As part of our efforts to streamline the overall granting process, a separate budget is required for each budget year requested. For example, if the applicant organization requests three years of grant support, three budget pages (the two pages of Form 424A, Budget Information - Non-Construction Programs and justification) are required for each year. The annual budget request and justification provide the budget information needed for the following year's Summary Progress Report (see Section 2.3.4). **Proposals submitted without a budget**

and justification for each budget year requested may not be favorably considered for funding. (This information is also provided in Section 3.3.1.)

The Key Personnel Form, Attachment C, may be used as a supplement to the Budget Narrative. Key personnel can be identified by name (if known), total percent of time and salary required under the grant, and if applicable, amounts provided by in-kind or by other sources of funds (including other Federal funds) to support the position. The budget justification for personnel addresses time commitment and skills required by the project plans. Similar detailed and itemized justifications must be provided for requested travel items, equipment, contractual services, supplies and other categories and for indirect costs.

4.3.3 Indirect Costs

Please note that if indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. The indirect costs rate refers to the "Other Sponsored Program/Activities" rate and to neither the research rate nor the education/training program rate.

4.4 How to Format the Application

MCHB prefers that the format and style of each application substantially reflect the format and style described in this guidance. To promote readability and consistency in organization, MCHB has established specific conventions for the format of the project abstract, the project narrative and appendices. Conventions for each are discussed below. Wherever conventions for the individual parts of the grant proposal differ, the parts are discussed separately. Otherwise, the specific convention applies to all parts of the grant proposal.

A clearly written and easy-to-read grant proposal should be the goal of every applicant since the outcome of the review process depends on information provided in the application narrative. Therefore, MCHB urges all applicants to review their applications for the following:

- Correct grammar, spelling, punctuation, and word usage.

- Consistency in style. Refer to a good style manual, such as *The Elements of Style* by William Strunk, Jr. and E. B. White; *Words into Type*, *The Chicago Manual of Style;* or the Government Printing Office's *A Manual of Style*.

- Consistency of references (e.g., in this guidance document the MCH Bureau is initially called the Maternal and Child Health Bureau (MCHB), and subsequent references to it are MCHB.

€ **Typeface** -- Use any easily readable typeface, such as Times New Roman, Courier, or New Century Schoolbook.

€ **Type Size** -- Size of type must be at least 11-point; 12-point is preferable. Type density must be no more than 15 characters per inch. No more than six lines of type must be within a vertical inch. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above but must be readily legible.

€ **Margins** -- The initial left and all right margins should be 1 inch. The left margin may change when using the decimal ranking illustrated and described below. Top and bottom margins should be 1-1/2 inches each.

€ **Page Numbering**

- **Project Abstract** -- Consecutive, lowercase Roman numerals should appear centered at the bottom of the appropriate page. These should be a continuation of the numbering of the Table of Contents.

- **Project Narrative** -- Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. They should paginate all charts or figures appearing within the body of the text consecutively with the text.

- **Application Tables** -- Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. All information presented in tabular form should be paginated.

- **Appendices** -- Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page.

€ **Table of Contents** -- A Table of Contents is required. Use the Table of Contents of this Guidance as a formatting and style guide.

€ **Page Limit and Spacing** -- If an application exceeds the limits specified below, it is subject to being returned without review.

4.5 Project Abstract

The Project Abstract (label as Attachment A) of all approved and funded applications will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled *Abstract of Active Projects*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects. It is widely distributed to MCHB grantees, Title V programs, academic institutions, and government agencies. Please refer to Enclosures B and C for instructions.

This two page abstract may be submitted in lieu of the Public Health System Impact Statement (PHSIS) described in Section 2.3.3

4.5.1 Format Guidelines

- € Use plain white paper (not stationery or paper with borders or lines).
- € Single-space your abstract.
- € Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- € Use a standard (nonproportional) 12-pitch font or typeface such as courier.
- € Type section headings in all capital letters followed by a colon. Double-space after the heading and begin the narrative flush with the left-margin. There is no space limitation on sections, but the abstract itself should not exceed two pages. Sections should be single-spaced with double-space between section headings, i.e., Problem(s), Goals and Objectives, Methodology, Evaluation, Coordination, and Key Words.

4.5.2 Project Identifier Information

Project Title: List the title as it appears on the Notice of Grant Award.
Project Number: This is the number assigned to the project when funded.
Project Director: The name and degree(s) of the project director as listed on the grant application.
Phone Number: Include area code, phone number, and extension if necessary.
E-mail address: Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
Contact Person: The person who should be contacted by those seeking information about your project.
Grantee: The organization which receives the grant.
Address: The complete mailing address.
Phone Number: Include area code, phone number, and extension if necessary.
Fax Number: Include the fax number.
World Wide Web: If applicable, include your project's web site address.
Project Period: Include the entire funding period for the project, not just the one year budget period.

4.5.3 Text of Abstract

Prepare a two page (single-spaced) description of your project, using the following headings:

PROBLEM: Briefly (in one or two paragraphs) state the principal health problems, status,

or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objectives in a numbered list.

METHODOLOGY: Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods that will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives.

4.5.4 Key Words

Key words are the terms under which your project will be listed in the subject index of the abstracts book. Select significant terms which describe the project, including populations served, from the list contained in Enclosure C.

4.5.5 Submitting Your Abstract

The National Center for Education in Maternal and Child Health (NCEMCH) will prepare the abstract for publication. It is very important that you submit a disk of your abstract along with an original hard copy, rather than a photocopy, of the abstract. NCEMCH can convert many different software packages. Simply indicate which package you have used by writing the name of the package on the disk's label.

4.6 Preparing the Appendices

Appendices--Appendices must not exceed 50 pages and must include all supporting documentation, such as (1) curricula vitae, (2) job descriptions, (3) letters of agreement and support, (4) evaluation tools, (5) protocols, (6) organizational charts, and (7) timelines. Job descriptions and curricula vitae must not exceed two pages each. Spacing will vary depending on the nature of the appendix, but only one-sided pages are acceptable. Appendices should be brief and supplemental in nature.

AN APPLICATION WITH APPENDICES THAT EXCEED THE MAXIMUM NUMBER OF PAGES WILL NOT BE ACCEPTED FOR REVIEW AND WILL BE RETURNED TO THE APPLICANT.

Do not include pamphlets or brochures in the application package unless they were specifically created for the project. Refer to style and format, Section 3.4 of this chapter for specific conventions to be followed in formatting appendices. Examples of useful items include the following:

- **Organizational Chart(s)** *(necessary to include)* -- Include internal relationships of project staff, the relationships between project staff and any advisory boards, and the placement of the project within the structure of its parent organization.

- **Timelines** *(necessary to include)* -- Timelines for duration and completion of specific project activities, organized by objective.

- **Rosters of Board, Executive Committee, or Advisory Council Members** -- Include indications of consumer representation.

- **Copies of Written Documentation** *(necessary to include)* -- Descriptions of relationships between the proposed program and affiliated departments, institutions, agencies, or individual providers, family members or consumer advocacy groups, and the responsibilities of each. Examples of documentation include: Letters of support, understanding, or commitment; memoranda of agreement.

- **Job Descriptions** *(necessary to include)* -- Descriptions of responsibilities for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other sources. Job descriptions reflect the functional requirements of each position, not the particular capabilities or qualifications of given individuals. Each job description should be separate and must not exceed two pages in length. At a minimum, be sure to spell out the following:

  - Administrative direction and to whom it is provided;

  - Functional relationships (e.g. to whom the individual reports and how the position fits within its organizational area in terms of training and service functions);

  - Duties and scope of responsibilities; and

  - Minimum qualifications (e.g. the minimum requirements of education, training, and experience needed to do the job);

- **Curricula Vitae** *(necessary to include)* -- Include vitae for each incumbent in a position for which a job description is submitted. Each curriculum vitae must not exceed two pages. The Biographical Sketch included in Attachment B may be used for this purpose.

REGIONAL/FIELD OFFICES **Enclosure A**
MATERNAL AND CHILD HEALTH

Region I (CT, ME, MA, NH, RI, VT)

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Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

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Region V (IL, IN, MI, MN, OH, WI)

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Region VIII (CO, MT, ND, SD, UT, WY)

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Region IX (AZ, CA, HI, NV, AS, FM, GU, MH, MP, PW)

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Region X (AK, ID, OR, WA)

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Enclosure B

Instructions to new grantees:
How to prepare abstracts and annotations for the first time
(different guidelines apply for abstracts prepared in subsequent years of the grant)

Guidelines for preparing your abstract

Provide an abstract that can be published in the Maternal and Child Health Bureau's (MCHB) annual publication, *Abstracts of Active Projects Funded by MCHB*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects.

Guidelines follow to assist you in preparing acceptable abstracts for publication. In general, please note:

- € Abstracts should be two page descriptions of the project
- € Use plain paper (not stationery or paper with borders or lines).
- € Double-space your abstract.
- € Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- € Use a standard (nonproportional) 12-pitch font or typeface such as courier.

1. Project Identifier Information

Project Title:	List the appropriate shortened title for the project.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
World Wide Wed address:	If applicable, include the address for you project's World Wide Web site on the Internet.
Project Period:	Include the entire funding period for the project, not just the one-year budget period.

2. Text of Abstract

Prepare a two page (double-spaced) description of your project, using the following headings:

PROBLEM: Briefly (in one or two paragraphs) state the principal health problems, status, or issues which are addressed by your project.

GOALS AND OBJECTIVES: Identify the major goals and objectives for the project period. Typically, projects define the goal in one paragraph and present the objects in a number list.

METHODOLOGY: Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities that have been proposed or are being implemented to achieve the stated goals and objectives. Lists with numbered items are sometimes used in this section.

COORDINATION: Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

EVALUATION: Briefly describe the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives. This section is usually one or two paragraphs in length.

3. Key Words

Key words are the terms under which your project will be listed in the subject index of the abstracts book. Select significant terms which describe the project, including populations served. A list of key words used to classify active projects is enclosed. Choose keywords from this list when describing your project.

Guidelines for Preparing Your Annotation

Prepare a three- to five-sentence description of your project which identifies the project's purpose, the needs and problems which are addressed, the goals and objectives of the project, the activities which will be used to attain the goals, and the materials which will be developed.

Submitting your abstract and annotation

The National Center for Education in Maternal and Child Health (NCEMCH) will prepare the abstract for publication. Thus, if at all possible, it is **very** important that you submit a disk of your abstract (and annotation) along with a hard copy. NCEMCH can convert may different software packages. Simply indicate which package you have used by writing the name of the package on the disk's label.

Send an original, rather than a photocopy, of the abstract and the annotation. If you cannot send a disk, it may be possible to scan the document and thus avoid the need to re-key the text.

Enclosures:

Sample abstract
List of key words

Enclosure C

Sample NEW Abstract

(This abstract is presented as a sample format, not as a guide to content preparation.)

Project Title:	Healthy Families Manitowoc County
Project Number:	MCJ 55KL01
Project Director:	Amy Wergin, R.N.
Contact Person:	
Grantee:	Manitowoc County Health Department
Address:	823 Washington Street Manitowoc, WI 54220
Phone Number:	(414) 683-4155
Fax Number:	(414) 683-4156
E-mail Address:	WERG100W@WONDER.EM.CDC.GOV
World Wide Web address:	
Project Period:	10/01/97 - 09/30/01

Abstract:

PROBLEM: The health care system in Manitowoc County is changing dramatically as the State institutes Medicaid managed care in a community in which before April 1996 there were no active HMOs. Not only are the recipients of care experiencing change, but the entire health care system is looking at providing health care in a totally different atmosphere. Preventable hospitalizations of children are 41-percent higher and asthma hospitalizations of children are 24-percent higher than the State average. The incidence of child abuse and neglect in Manitowoc County is consistently higher than the State of Wisconsin and other comparable counties in the State. Research over the last 2 decades has consistently confirmed that providing education and support services around the time of the baby's birth, and continuing for months or years afterward significantly reduces the risk of child abuse and contributes to positive, healthy child-rearing practices, including increased use of preventive health care.

Manitowoc County has completed a preliminary assessment of parenting education and support

resources and has determined that although there are services available for parents, they are not coordinated, are initiated too late, and are not accessible to all county residents.

GOALS AND OBJECTIVES: The goal is to develop and implement universally offered, integrated, coordinated, collaborative, prevention-based, in-home visitation program for the first-time families of Manitowoc County based on the Healthy Families America model and to increase local capacity and commitment to provide these supportive services. These objectives will be used to attain the goal:

1. Increase the number of first-time families who access preventive health care for their children;
2. Reduce the incidence of preventable hospitalizations in targeted families; and
3. Reduce the incidence of child abuse and neglect in targeted families.

METHODOLOGY: A program manager will be hired to assist the Healthy Families Subcommittee of the Parenting Task Force of the Manitowoc County Asset-Building Community Initiative to develop and implement a collaborative in-home visitation service for first-time families of Manitowoc County. The program manager will complete the assessment of existing resources; facilitate the formation of agreements between services providers to actively collaborate; design a workplan to implement the Healthy Families Manitowoc County program based on the national model using "best practice" methodology, clear and measurable objectives, and an ongoing evaluation process; secure the funding needed, with the assistance of the consortium, for additional in-home visitation services needed to implement Healthy Families Manitowoc County; and be responsible for the implementation of the Healthy Families Manitowoc County Initiative.

COORDINATION: Healthy Families Manitowoc County will be a collaborative project that is a

component of the Asset-Building Community Initiative of Manitowoc County. Stakeholders in the initiative are the Manitowoc County Health Department, Manitowoc County Human Services Department, Manitowoc County Board of Supervisors, sheriff's department, University of Wisconsin—Extension, city of Manitowoc, city of Two Rivers, city of Kiel, all six school districts in Manitowoc County, United Way, the Chamber of Commerce and business leaders, Head Start, Lakeshore Community Action Program and the Family Education and Resource Center, the Mental Health Association, Two Rivers Community Hospital, Holy Family Memorial Medical Center, the Domestic Violence Center, YMCA, local clergy, and citizen members. The final product will be the consensus of all the community stakeholders and service providers involved in services to first-time families in Manitowoc County.

EVALUATION: In designing the evaluation component of Healthy Families Manitowoc County the following guidelines will be followed:

1. The evaluation will include a range of outcome measures.
2. Multiple methods of data collection will be utilized to obtain information on all critical outcome measures.
3. The data collection system will be integrated into the program's ongoing client information system.
4. Client and control assessment will be completed on a predetermined schedule.
5. Process evaluation will be included in the component.

Keywords:

Community Integrated Service System; Families; Parent Education Programs; Family Support Services;

Health Care Utilization; Home Visiting Services; Provider Participation; Child Abuse Prevention; Child Neglect; Medicaid Managed Care; Preventive Health Care.

Annotation:

The goal is to develop an integrated, coordinated, collaborative, prevention-based, universal, in-home visitation program for first-time families of Manitowoc County based on the Healthy Families America model. The purpose is to increase the competency of parents, increase the use of preventive health care in targeted families, and reduce the incidence of child abuse and neglect. A project manager will be hired to implement Healthy Families Manitowoc County in collaboration with existing family support and education programs.

Keywords for projects funded by the
U.S. Maternal and Child Health Bureau (MCHB)

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project.

Please note that this list is constantly under development: new terms are being added and some terms are being deleted. Also, this list is currently being revised so that it will match more closely the approved list of keywords in the MCH Thesaurus. In the meantime, however, this list can be used to help select keywords to describe MCHB-funded projects.

If no term on this list adequately describes a concept which you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Access to Health Care
Adolescent Health Programs
Adolescent Nutrition
Adolescent Parents
Adolescent Pregnancy
Adolescent Pregnancy Prevention
Adolescent Risk Behavior Prevention
Adolescents
Adolescents with Disabilities
Advocacy
African Americans
Agricultural Safety
AIDS
AIDS Prevention
Alaska Natives
Alcohol
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Public Health Association
Amniocentesis
Anemia
Anticipatory Guidance
Appalachians
Arthritis
Asian Language Materials
Asians
Asthma
Attachment
Attachment Behavior
Attention Deficit Disorder
Audiology
Audiometry
Audiovisual Materials
Baby Bottle Tooth Decay
Battered Women
Behavior Disorders
Behavioral Pediatrics
Bereavement
Bicycle Helmets
Bicycle Safety
Bilingual Services
Biochemical Genetics
Blindness
Blood Pressure Determination
Body Composition
Bonding
Brain Injuries
Breast Pumps
Breastfeeding
Bronchopulmonary Dysplasia
Burns
Cambodians
Caregivers
Case Management
Cerebral Palsy
Chelation Therapy
Child Abuse
Child Abuse Prevention
Child Care
Child Care Centers
Child Care Workers
Child Mortality
Child Neglect
Child Nutrition
Child Sexual Abuse
Childhood Cancer
Children with Special Health Needs
Chronic Illnesses and Disabilities
Cleft Lip
Cleft Palate
Clinical Genetics
Clinics
Cocaine
Collaborative Office Rounds
Communicable Diseases
Communication Disorders
Communication Systems
Community Based Health Education
Community Based Health Services
Community Based Preventive Health
Community Development
Community Health Centers
Community Integrated Service System
Community Participation
Compliance
Comprehensive Primary Care
Computer Linkage
Communication
Computer Systems
Computers
Conferences
Congenital Abnormalities
Consortia
Continuing Education
Continuity of Care
Cost Effectiveness
Counseling
County Health Agencies
Craniofacial Abnormalities
Cultural Diversity
Cultural Sensitivity
Curricula
Cystic Fibrosis
Cytogenetics
Data Analysis
Data Collection
Data Systems
Databases
Deafness
Decision Making Skills
Delayed Development
Dental Sealants
Dental Treatment of Children with Disabilities
Depression
Developmental Disabilities
Developmental Evaluation
Developmental Screening
Diagnosis
Diarrhea
Dietitians

Dispute Resolution
Dissemination
Distance Education
Divorce
DNA Analysis
Down Syndrome
Drowning
Early Childhood Development
Early Intervention
Electronic Bulletin Boards
Electronic Mail
Eligibility Determination
Emergency Medical Services for Children
Emergency Medical Technicians
Emergency Room Personnel
Emotional Disorders
Emotional Health
Employers
Enabling Services
Enteral Nutrition
EPSDT
Erythrocyte Protoporphyrin
Ethics
Evoked Otoacoustic Emissions
Failure to Thrive
Families
Family Centered Health Care
Family Centered Health Education
Family Characteristics
Family Environment
Family Medicine
Family Planning
Family Professional Collaboration
Family Relations
Family Support Programs
Family Support Services
Family Violence Prevention
Farm Workers
Fathers
Feeding Disorders
Fetal Alcohol Effects
Fetal Alcohol Syndrome
Financing
Food Preparation in Child Care
Formula
Foster Care
Foster Children
Foster Homes
Foster Parents
Fragile X Syndrome
Genetic Counseling
Genetic Disorders
Genetic Screening
Genetic Services
Genetics Education
Gestational Weight Gain
Glucose Intolerance
Governors
Grief
Gynecologists
Hawaiians
Head Start
Health Care Financing
Health Care Reform
Health care utilization
Health Education
Health Insurance
Health Maintenance Organizations
Health Professionals
Health Promotion
Health Supervision
Healthy Mothers Healthy Babies Coalition
Healthy Start Initiative
Healthy Tomorrows Partnership for Children
Hearing Disorders
Hearing Loss
Hearing Screening
Hearing Tests
Hemoglobinopathies
Hemophilia
Hepatitis B
Hispanics
HIV
Hmong
Home Health Services
Home Visiting for At Risk Families
Home Visiting Programs
Home Visiting Services
Homeless Persons
Hospitals
Hygiene
Hyperactivity
Hypertension
Illnesses in Child Care
Immigrants
Immunization
Incarcerated Women
Incarcerated Youth
Indian Health Service
Indigence
Individualized Family Service Plans
Infant Health Care
Infant Morbidity
Infant Mortality
Infant Mortality Review Programs
Infant Nutrition
Infant Screening
Infant Temperament
Infants
Information Networks
Information Services
Information Sources
Information Systems
Injuries
Injury Prevention
Intensive Care
Interagency Cooperation
Interdisciplinary Teams
Internship and Residency
Intubation
Iron Deficiency Anemia
Iron Supplements
Jews
Juvenile Rheumatoid Arthritis
Laboratories
Lactose Intolerance
Language Barriers
Language Disorders
Laotians
Lead Poisoning
Lead Poisoning Prevention
Lead Poisoning Screening
Leadership Training
Learning Disabilities
Legal Issues
Life Support Care
Literacy
Local Health Agencies
Local MCH Programs
Low Birthweight
Low Income Population
Lower Birthweight
Males
Managed Care
Managed Competition
Marijuana
Marital Conflict
Maternal and Child Health Bureau
Maternal Nutrition
MCH Research
Media Campaigns
Medicaid
Medicaid Managed Care
Medical Genetics
Medical History
Medical Home
Mental Health
Mental Health Services
Mental Retardation
Metabolic Disorders
Mexicans
Micronesians
Migrant Health Centers
Migrants
Minority Groups
Minority Health Professionals
Mobile Health Units
Molecular Genetics
Morbidity
Mortality
Motor Vehicle Crashes
Multiple Births
Myelodysplasia
National Information Resource Centers
National Programs
Native Americans
Needs Assessment
Neonatal Intensive Care
Neonatal Intensive Care Units
Neonatal Mortality
Neonates
Networking

Neurological Disorders
Newborn Screening
Nurse Midwives
Nurses
Nutrition
Obstetricians
Occupational Therapy
One Stop Shopping
Online Databases
Online Systems
Oral Health
Organic Acidemia
Otitis Media
Outreach
P. L. 99-457
Pacific Islanders
Pain
Paraprofessional Education
Parent Education
Parent Education Programs
Parent Networks
Parent Professional Communication
Parent Support Groups
Parent Support Services
Parental Visits
Parenteral Nutrition
Parenting Skills
Parents
Patient Education
Patient Education Materials
Pediatric Advanced Life Support Programs
Pediatric Dentistry
Pediatric Intensive Care Units
Pediatric Nurse Practitioners
Pediatricians
Peer Counseling
Peer Support Programs
Perinatal Health
Phenylketonuria
Physical Disabilities
Physical Therapy
Pneumococcal Infections
Poisons
Preconception Care
Pregnant Adolescents
Pregnant Women
Prematurity
Prenatal Care
Prenatal Diagnosis
Prenatal Screening
Preschool Children
Preterm Birth
Preventive Health Care
Preventive Health Care Education
Primary Care
Professional Education in Adolescent Health
Professional Education in Behavioral Pediatrics
Professional Education in Breastfeeding
Professional Education in Chronic Illnesses and Disabilities
Professional Education in Communication Disorders
Professional Education in CSHN
Professional Education in Cultural Sensitivity
Professional Education in Dentistry
Professional Education in Developmental Disabilities
Professional Education in EMSC
Professional Education in Family Medicine
Professional Education in Genetics
Professional Education in Lead Poisoning
Professional Education in MCH
Professional Education in Metabolic Disorders
Professional Education in Nurse Midwifery
Professional Education in Nursing
Professional Education in Nutrition
Professional Education in Occupational Therapy
Professional Education in Physical Therapy
Professional Education in Primary Care
Professional Education in Psychological Evaluation
Professional Education in Pulmonary Disease
Professional Education in Social Work
Professional Education in Violence Prevention
Provider Participation
Psychological Evaluation
Psychological Problems
Psychosocial Services
Public Health Academic Programs
Public Health Education
Public Health Nurses
Public Policy
Public Private Partnership
Puerto Ricans
Pulmonary Disease
Quality Assurance
Recombinant DNA Technology
Referrals
Regional Programs
Regionalized Care
Regulatory Disorders
Rehabilitation
Reimbursement
Repeat pregnancy prevention
Research
Residential Care
Respiratory Illnesses
Retinitis Pigmentosa
Rheumatic Diseases
RNA Analysis
Robert Wood Johnson Foundation
Runaways
Rural Population
Russian Jews
Safety in Child Care
Safety Seats
Sanitation in Child Care
School Age Children
School Dropouts
School Health Programs
School Health Services
School Nurses
Schools
Screening
Seat Belts
Self Esteem
Sensory Impairments
Service Coordination
Sex Roles
Sexual Behavior
Sexuality Education
Sexually Transmitted Diseases
Shaken Infant Syndrome
Siblings
Sickle Cell Disease
Sleep Disorders
Smoking During Pregnancy
Social Work
Southeast Asians
Spanish Language Materials
Special Education Programs
Specialized Care
Specialized Child Care Services
Speech Disorders
Speech Pathology
Spina Bifida
Spouse Abuse
Standards of Care
State Health Agencies
State Health Officials
State Legislation
State Programs
State Staff Development
State Systems Development Initiative
Stress
Substance Abuse
Substance Abuse Prevention
Substance Abuse Treatment
Substance Abusing Mothers
Substance Abusing Pregnant Women
Substance Exposed Children
Substance Exposed Infants
Sudden Infant Death Syndrome
Suicide
Supplemental Security Income Program
Support Groups
Surveys
Tay Sachs Disease

Technology Dependence
Teleconferences
Television
Teratogens
Terminally Ill Children
Tertiary Care Centers
Thalassemias
Third Party Payers
Title V Programs
Toddlers
Training
Transportation
Trauma
Tuberculosis
Twins
Uninsured
Unintentional Injuries
University Affiliated Programs
Urban Population
Urinary Tract Infections
Usher Syndrome
Vietnamese
Violence
Violence Prevention
Vision Screening
Vocational Training
Waiver 1115
Well Baby Care
Well Child Care
WIC
Youth in Transition

Enclosure D

GLOSSARY

Capacity - Program capacity includes delivery systems, workforce, policies, and support systems (e.g., training, research, technical assistance, and information systems) and other infrastructure needed to maintain service delivery and policy making activities. Program capacity results measure the strength of the human and material resources necessary to meet public health obligations. As program capacity sets the stage for other activities, program capacity results are closely related to the results for process, health outcome, and risk factors.

Care Coordination Services for CSHCN - those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families. *[Title V Sec. 501(b)(3)*]

Case Management Services - For pregnant women - those services that assure access to quality prenatal, delivery and postpartum care. For infants up to age one - those services that assure access to quality preventive and primary care services. *(Title V Sec. 501(b)(4)*

Community - a group of individuals living as a smaller social unit within the confines of a larger one due to common geographic boundaries, cultural identity, a common work environment, common interests, etc.

Community-based Care - services provided within the context of a defined community.

Cultural Competence - the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multi cultural staff in the policy development, administration and provision of those services. Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time.

At a system, organizational or program level, cultural competence requires a comprehensive and coordinated plan. This may include consideration of the role of cultural competence as it relates to: (1) policy making; (2) infra-structure building; (3) program administration and evaluation; (4) the delivery of services and enabling supports; and (5) the individual - both those delivering and receiving such services and enabling supports. Such efforts often require the re-examination of: mission statements; policies and procedures; administrative practices; approaches for staff recruitment, hiring and retention; professional development and in-service training; the provision of translation and interpretation services; family/professional/community partnerships; health care practices and interventions including addressing racial/ethnic health disparities and access issues; health education and promotion practices/materials; and protocols for assessing community and state strengths and needs.

At the individual level, cultural competence requires an understanding of one's own culture and world view and how they are reflected in one's attitudes and behavior. Cultural competence necessitates that one acquires values, principles, areas of knowledge, attributes and skills in order to work in cross cultural situations in a sensitive and effective manner.

Cultural competence mandates that organizations, programs and individuals must have the ability to:

1. value diversity and similarities among all peoples;
2. understand and effectively respond to cultural differences;
3. engage in cultural self-assessment at the individual and organizational levels;
4. make adaptations to the delivery of services and enabling supports; and
5. institutionalize cultural knowledge.

Direct Health Services - those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians.. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and subspecialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services - Services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

"EPSDT" - definition to be determined

Family-centered Care - a system or philosophy of care that incorporates the family as an integral component of the health care system.

Government Performance and Results Act (GPRA) - Federal legislation enacted in 1993 that requires Federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report annually on actual performance.

Infrastructure Building Services - The services that are the base of the MCH pyramid of health services and form its foundation are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be

assured that the systems are family centered, community based and culturally competent.

Jurisdictions - definition to be determined the 9 jurisdictions of the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshal Islands, the Federated States of Micronesia and the Republic of Belau.

Needs Assessment - a study undertaken to determine the service requirements within a jurisdiction. For maternal and child health purposes, the study is to aimed at determining:

1) What is essential in terms of the provision of health services;
2) What is available; and,
3) What is missing

Outcome Objectives - Objectives that describe the eventual result sought, the target date, the target population, and the desired level of achievement for the result. Outcome objectives CAN BE related to health STATUS, PROGRAM AND/OR SYSTEMS.

Outcome Measure - The ultimate focus and desired result of any set of public health program activities and interventions is an improved health outcome. Morbidity and mortality statistics are indicators of achievement of health outcome. Health outcomes results are usually longer term and tied to the ultimate program goal.

Performance Indicator - The statistical or quantitative value that expresses the result of a performance objective.

Performance Measure - a narrative statement that describes a specific maternal and child health need, or requirement, that, when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or jurisdiction and generally within a specified time frame.

Performance Objectives - A statement of intention with which actual achievement and results can be measured and compared. Performance objective statements clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, and target populations.

Population Based Services - Preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Primary Care - the provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's or family's health care services.

Service System - a system of services for CHILDREN AND children with special health needs should be:

1. **Collaborative** - with collaboration between the State Title V program and

(1)other relevant **State** health and non-health agencies, provider and consumer groups to develop an organizational infrastructure to facilitate systems development
(2) public-private organizations and community leaders (formal and informal) linking health related and other **community** based services,
(3) **families** of cultures representative of the population to be served to participate in the system development process.

2. **Family Centered** - is the process of ensuring that the ways in which services are organized and delivered meet the emotional, social and developmental needs of children and that their families are integrated into all aspects of the health care plan. In family-centered care, the key to designing and implementing successful services is to base them on needs as identified by families rather than only on needs perceived by professionals.

3. **Community Based** - where quality services are provided in or near the home community as possible. The area encompassed by a "community" would depend upon factors including population density and characteristics, apolitical subdivisions, existing arrangements for service provision and the availability of resources.

4. **Culturally Competent** - a set of congruent behaviors, attitudes, and policies that come together on a continuum in a system, agency, or individual that enable that system, agency, or individual to function effectively in trans-cultural interactions. It refers to the ability to honor and respect beliefs, interpersonal styles, attitudes, and behaviors of families who are clients as well as the multi cultural staff who provide services. Systems and agencies need to incorporate these values at the levels of policy, administration, practice, and advocacy.

5. **Coordinated/Integrated** - having a broad array of services coordinated to assure timeliness, appropriateness, continuity and completeness of care and a mechanism to finance them.

6. **Comprehensive** - where preventive, primary, secondary and tertiary care can be accessed to address physical and mental health, nutrition, oral health, health promotion and education,ancillary therapies and emergency medical services. Other services that should be available either through one stop shopping or family friendly referrals are social, vocational, early intervention, educational, recreational and family support services.

7. **Universal** - the Title V system should be concerned with all infants, children and adolescents with or at risk for special health needs as a component of the overall health system for all pregnant women, infants, children and adolescents and their families whether served by private providers or public programs.

8. **Accessible** - services are located and provided so that consumers have physical access (convenient and handicapped accessible for families; temporal access (wide choice of service hours), and; financial access (financial mechanisms to bring needed services within the reach of all)

9. **Developmentally Oriented** - the different needs that children, adolescents and their families have at different stages of development and knowledge are taken into account.

10. **Accountable** - a feedback/modification mechanism is in place that provides information concerning performance, quality assurances and utilization of services.

Systems Development - activities involving the creation or enhancement of organizational infrastructures at the community level for the delivery of health services and other needed ancillary services to individuals in the community by improving the service capacity of health care service providers.

Technical Assistance (TA) - the process of providing recipients with expert assistance of specific health related or administrative services that include; systems review planning, policy options analysis, coordination coalition building/training, data system development, needs assessment, performance indicators, health care reform wrap around services, CSHCN program development/evaluation, public health managed care quality standards development, public and private interagency integration and, identification of core public health issues.

BIOGRAPHICAL SKETCH **Attachment B**

Give the following information for all professional personnel contributing to the project, beginning with the Program Director. Photocopy this page for each person.
(DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

NAME *(Last, first, middle initial)*

TITLE BIRTH DATE *(Mo, Day, Yr)*

EDUCATION *(Begin with baccalaureate or other initial professional education and include postdoctoral training)*

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

HONORS

MAJOR RESEARCH - PROFESSIONAL INTEREST

CURRENT RESEARCH AND OTHER GRANT SUPPORT

RESEARCH AND PROFESSIONAL EXPERIENCE: List in reverse chronological order previous employment and experience. List in reverse chronological order all publications, or most recent presentation if the 2 page limit on the sketch presents a problem.

CONTINUATION PAGE FOR
BIOGRAPHICAL SKETCH

NAME *(Last, first, middle initial)*

SUPPLEMENTAL TO SECTION F OF FORM 424A **Attachment C**
KEY PERSONNEL

NAME AND POSITION TITLE	Annual SALARY (1)	No. MONTHS BUDGET (2)	% TIME (3)	Total $ AMOUNT REQUESTED (4)
	$		%	

FRINGE BENEFIT (Rate) TOTAL $

PROJECT PERSONNEL ALLOCATION CHART **Attachment D**

Project Title: _____ Project Director: _____

Budget Period: _____ to _____ Project Year: _____ State: _____
(1,2,3,4 or 5)

Objectives and Approaches	Staff by Title and Consultants in Person Days									